07/14/2008 17:50

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3A	For Ot	her Than An	Authorize	d Committe	ee		Office Use Only	у
NAME OF COMMITTEE (in full)		EC MAILING LAE PE OR PRINT		ample:If typing er the lines	, type			
CNA FINANCIAL CORF	PORATION C	CITIZENS FOR G	OOD GOVE	RNMENT				
ADDRESS (number and street) 333 3	S. WABASH						
Check if different	43- S)			1 1 1 1	1 1 1 1		
than previously reported. (ACC)	CHIC	CAGO				LL	60604]
2. FEC IDENTIFICATION	NUMBER	~	CITY 🛋		;	STATE	ZIPC	ODE 🛕
C00078287			3. IS THIS REPORT		NEW N) OR		MENDED A)	
4. TYPE OF REPORT (Choose One)	(b)	Monthly Report Due On:	Feb 20 (M2		May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			Mar 20 (M3) [,	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15			Apr 20 (M4)) .	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
Quarterly Repo		(c) 12-Day PRE-Election		Primary (12P	')	General	(12G)	Runoff (12R)
A Quarterly Report October 15 Quarterly Report Peper P		Report for the		Convention (12C)	Special	(12G)	
January 31 Quarterly Repo		E	Election on				in the State	
July 31 Mid-Ye Report(Non-el Year Only) (M'	ection	(d) 30-Day Post -Elect Report for the		General (300	G)	Runoff (30R)	Special (30S)
Termination Re(TER)	eport	·	Election on			• • •	in the State	
5. Covering Period	0 4	01 200	8	through	0 6	30	2008]
I certify that I have examined	•		ny knowledge	and belief it is	true, correct	and complete		
Type or Print Name of Treasu	ırer <u>Kar</u>	en E. Melchert						
Signature of Treasurer Ele	ectronically Fi	led by Karen E	. Melchert		D	ate 0.7	10	2008
NOTE : Submission of false,	erroneous, or	r incomplete infor	mation may s	ubject the perso	on signing thi	s Report to th	e penalties of 2 l	J.S.C 437g.
Office Use							FEC FOI	RM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT D D " D 0.4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 25248.23 2008 January 1 (b) Cash on Hand at 5518.02 Begining of Reporting Period 51536.72 67882.01 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 57054.74 93130.24 6(a) and 6(c) for Column B) 28362.96 64438.46 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 28691.78 28691.78 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

0 1 3^D0 м м 0 4 м м 0 6 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 36210.86 34890.80 (i) Itemized (use Schedule A) 16645.92 31671.15 (ii) Unitemized (iii) TOTAL (add 51536.72 67882.01 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 51536.72 67882.01 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 51536.72 67882.01 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 51536.72 67882.01

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISE	BURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Ex			
Activity	Federal/Non-Federal (from Schedule H4) deral Share	0.00	0.00
()		0.00	0.00
` '	n-Federal Shareederal Operating		
	itures	62.96	138.46
	perating Expenditures (a)(i), (a)(ii) and (b))	62.96	138.46
	Affiliated/Other Party	0.00	0.00
. Contributions			
and Other Po	olitical Committees	19800.00	53800.00
 Independent (use Schedu 	le E)	0.00	0.00
Committees	Expenditures Made by Party (2 U.S.C. 441a(d)) le F)	0.00	0.00
	nents Made	0.00	0.00
. Loans Made.		0.00	0.00
(a) Individu	Contributions To: als/Persons Other olitical Committees	0.00	0.00
		0.00	0.00
` '	Party Committees olitical Committees		
`	s PACs)	0.00	0.00
` '	ontribution Refunds nes 28(a), (b), and (c))	0.00	0.00
. Other Disbur	sements	8500.00	10500.00
	tion Activity (2 U.S.C 431(20)) Federal Election Activity		
(from Sc	hedule H6)	0.00	0.00
(i) Fede	ral Share		
(ii) "Lev	in" Share	0.00	0.00
. ,	Election Activity Paid Entirely deral Funds	0.00	0.00
	deral Election Activity (add 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c))	28362.96	64438.46
			3.135.10
(subtract Lir	al Disbursements ne 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	28362.96	64438.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	51536.72	67882.01
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	51536.72	67882.01
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	62.96	138.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	62.96	138.46

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 72 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to ITIZENS FOR GOOD GOVERNMENT	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roger Ablett Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Roger Ablett Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D 2 2 0 0 8 Transaction ID: SA11AI.14923 Amount of Each Receipt this Period 41.67 Contribution
Full Name (Last, First, Middle Initial) Amy Adams Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.14361 Amount of Each Receipt this Period 41.67 Contribution
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Amy Adams Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) George Agyen Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60655 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) George Agyen Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60655 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 72 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR	GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Michael Anway			Date of Receipt
Mailing Address CNA Plaza			04 15 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		54.17
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.68	
Full Name (Last, First, Middle Initial) Michael Anway			Date of Receipt
Mailing Address CNA Plaza			0 5 1 5 2 0 0 8
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		54.17
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.85	
Full Name (Last, First, Middle Initial) Michael Anway			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		54.17
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 325.02	
SUBTOTAL of Receipts This Page (optional	al)		162.51

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dennis Barger Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.00	Date of Receipt M M M / 24 / 2008 Transaction ID: SA11AI.15012 Amount of Each Receipt this Period 250.00 Contribution
Full Name (Last, First, Middle Initial) Patricia Barkdoll Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D M 2008 Transaction ID: SA11AI.15038 Amount of Each Receipt this Period 500.00 Contribution
Full Name (Last, First, Middle Initial) Darci Beacom Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		791.67

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 72 (check only one) X 11a
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CI	TIZENS FOR	R GOOD GOVERNMENT	
٨.	Full Name (Last, First, Middle Initial) Darci Beacom			Date of Receipt
	Mailing Address CNA Plaza	Ctata	7:- 0-4-	06 13 2008
	City <u>Chicago</u>	State IL	Zip Code 60685	Transaction ID: SA11AI.14927 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CNA	Occupatio Executive		Contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.02	
_ 3.	Full Name (Last, First, Middle Initial) John Beckman			Date of Receipt
	Mailing Address CNA Plaza			05 14 2008
	City	State	Zip Code	Transaction ID: SA11AI.15039
	Chicago	IL	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00 Contribution
	Name of Employer CNA	Occupatio Executive		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_).	Full Name (Last, First, Middle Initial) Jacquelyne Belcastro			Date of Receipt
	Mailing Address CNA Plaza			05 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.14366
	Chicago FEC ID number of contributing federal political committee.	C	60685	Amount of Each Receipt this Period 41.67
	Name of Employer CNA	Occupatio Executive		Contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 208.35	
Γ		1		833.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
CNA FINANCIAL CORPORATION	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Jacquelyne Belcastro		Date of Receipt
Mailing Address CNA Plaza	Ctota 7in Coda	0 6 1 3 2 0 0 8 2 0 0 8
City <u>Chicago</u>	State Zip Code IL 60685	Transaction ID: SA11AI.14929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Thor Beveridge Mailing Address CNA Place		Date of Receipt
Mailing Address CNA Plaza		05 15 2008
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14490
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Larry Boysen		Date of Receipt
Mailing Address CNA Plaza		0 4 1 5 2 0 0 8
Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14718
Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	604.17
TOTAL This Period (last page this line numl	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Boysen Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Larry Boysen Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 13 2008 Transaction ID: SA11AI.14971 Amount of Each Receipt this Period 62.50 Contribution
Full Name (Last, First, Middle Initial) John Brand Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		875.00

City State Zip Code II. 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Pathy Bridger Mailing Address CNA Plaza City State Zip Code II. 60685 Transaction ID: SA11AI.14719 Amount of Each Receipt this Period Contribution Contribution Contribution Date of Receipt For: Pull Name (Last, First, Middle Initial) Pathy Bridger Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Pathy Bridger Mailing Address CNA Plaza City State Zip Code II. 60685 Transaction ID: SA11AI.14414 Amount of Each Receipt this Period For: Primary General Occupation Executive Receipt For: Pathy Bridger Mailing Address CNA Plaza Coccupation Executive Receipt For: Pathy Bridger Mailing Address CNA Plaza Coccupation Executive Receipt For: Pathy Bridger Mailing Address CNA Plaza City State Zip Code II. 60685 Transaction ID: SA11AI.14719 Date of Receipt For: Pathy Bridger Mailing Address CNA Plaza City State Zip Code II. 60685 Transaction ID: SA11AI.14719 Date of Receipt For: Pathy Bridger Mailing Address CNA Plaza City State Zip Code II. 60685 Transaction ID: SA11AI.14719 Amount of Each Receipt Insertion ID: SA11AI.14972 Amount of Each Receipt I		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 72 (check only one) X 11a
A. Full Name (Last, First, Middle Initial) Pary Bridger Mailing Address CNA Plaza City Chicago FEC ID number of contributing rederal other committee. Name of Employer CNA Insurance Full Name (Last, First, Middle Initial) Party Bridger Maling Address CNA Plaza City State Zip Code Executive Receipt For: Party Bridger Maling Address CNA Plaza City State Zip Code LL 60685 Full Name (Last, First, Middle Initial) Party Bridger Maling Address CNA Plaza City Chicago IL 60685 Full Name (Last, First, Middle Initial) Fect ID number of contributing rederal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Contribution Date of Receipt Transaction ID: SA11A1.14414 Amount of Each Receipt this Period Executive Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11A1.14972 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11A1.14972 Aggregate Year-to-Date ▼ Transaction ID: SA11A1.14972 Amount of Each Receipt this Period City Chicago IL 60685 FEC ID number of contributing rederal political committee. City Chicago IL 60685 Contribution Contribution Contribution Contribution	\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City State Zip Code Chicago FEC ID number of contributing federal political committee. Name of Employer CRA insurance Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Party Bridger Malling Address CNA Plaza City State Zip Code CRA insurance FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. Receipt For: Primary General Occupation Executive Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Party Bridger Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Party Bridger Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Party Bridger Malling Address CNA Plaza City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Chicago FEC ID number of contributing federal political committee. City State Zip Code Contribution Contribution Contribution Aggregate Year-to-Date ▼	<u>∠</u> A .	Full Name (Last, First, Middle Initial) Patty Bridger			-
Name of Employer Coupation Executive Receipt For: Primary General Occupation Oc		City Chicago		·	0 4 1 5 2 0 0 8 Transaction ID: SA11AI.14719
Primary General Other (specify) ▼		federal political committee. Name of Employer CNA Insurance	Occupation Executiv	е	62.50 Contribution
B. Patty Bridger Mailing Address CNA Plaza City State Zip Code IL 60685 FEC ID number of contributing federal political committee. Party Bridger Name (Last, First, Middle Initial) Patty Bridger Mailing Address CNA Plaza City State Zip Code IL 60685 Transaction ID: SA11AI.14414 Amount of Each Receipt this Period Contribution Contribution Contribution Contribution Date of Receipt Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Patty Bridger Mailing Address CNA Plaza City State Zip Code Chicago IL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Pec ID number of contributing federal political committee. Contribution Contribution Contribution Contribution Contribution Contribution	_	Primary General Other (specify) ▼	Aggregate		
Chicago IIL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patty Bridger Mailing Address CNA Plaza City State Zip Code IIL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ State Zip Code IIL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	В.	Patty Bridger			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patty Bridger Mailing Address CNA Plaza City State Zip Code IL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Occupation Executive Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Contribution Contribution Contribution Contribution Contribution Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼				•	
Cocupation Executive Receipt For: Primary General Other (specify) ▼ Cocupation Executive Aggregate Year-to-Date ▼ State of Receipt Other (specify) Date of Receipt Other (specify) Date of Receipt Other (specify) Date of Receipt Other (specify) Transaction ID: SA11AI.14972 Amount of Each Receipt this Period Cocupation Executive Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Executive Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		FEC ID number of contributing			62.50
Primary General Other (specify) ▼ State Zip Code		Name of Employer CNA Insurance			Contribution
C. Patty Bridger Mailing Address CNA Plaza City State Zip Code Chicago IL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / 2 0 0 8 Transaction ID: SA11AI.14972 Amount of Each Receipt this Period Coccupation Executive Aggregate Year-to-Date ▼ 187.500		Primary General	Aggregate	1 1 1 1 1 1 1	
City Chicago IL 60685 FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary Other (specify) ▼ State Zip Code IL 60685 Transaction ID: SA11AI.14972 Amount of Each Receipt this Period Contribution Contribution Aggregate Year-to-Date ▼ 375.00	с. С.	Patty Bridger			<u> </u>
Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Contribution Contribution Aggregate Year-to-Date ▼ 375.00			State	Zin Codo	06 13 2008
Receipt For: Primary Other (specify) ▼ Occupation Executive Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date		•		•	
Name of Employer CNA Insurance Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			C		62.50
Primary General Other (specify) ▼ 375.00		Name of Employer CNA Insurance			Contribution
197.50		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			187.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per he name and address of any political committee	
Full Name (Last, First, Middle Initial) Nancy Bufalino Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M
Full Name (Last, First, Middle Initial) Nancy Bufalino Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M
Full Name (Last, First, Middle Initial) James Casimir Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 72 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) James Casimir		Date of Receipt
Mailing Address CNA Plaza		0 6 1 3 2 0 0 8
City Chicago	State Zip Code IL 60604	Transaction ID: SA11AI.14931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Bruce Cluskey, q		Date of Receipt
Mailing Address CNA Plaza		05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Chicago</u>	State Zip Code IL 60685	Transaction ID: SA11AI.14371 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Bruce Cluskey, q		Date of Receipt
Mailing Address CNA Plaza		0 6 1 3 2 0 0 8
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14933
FEC ID number of contributing federal political committee.	C 60685	Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)) >	125.01
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) Charles Colburn Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M J J J J J Z D D 8 Transaction ID: SA11AI.14372 Amount of Each Receipt this Period 41.67 Contribution
Full Name (Last, First, Middle Initial) Charles Colburn Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Colliau Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 550.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		633.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/72 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Linda Core		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y O 8
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Claire Cortner		Date of Receipt
Mailing Address CNA Plaza		0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Terry Cosgrove		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y O S 1 5 2 0 0 8
City Chicago	State Zip Code IL 60604	Transaction ID: SA11AI.14373 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
SUBTOTAL of Receipts This Page (options	al)	1341.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Terry Cosgrove		Date of Receipt
Mailing Address CNA Plaza	State Zip Code	0 6 1 3 2 0 0 8 2 0 0 8
City <u>Chicago</u>	IL 60604	Transaction ID: SA11AI.14935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Michael Coyne		Date of Receipt
Mailing Address CNA Plaza		04 / 21 / 2008
City	State Zip Code	Transaction ID: SA11AI.14996
Chicago FEC ID number of contributing federal political committee.	IL 60604	Amount of Each Receipt this Period 1000.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Kathleen Cunning		Date of Receipt
Mailing Address CNA Plaza		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14720
Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1104.17
TOTAL This Period (last page this line numb	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 72 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CIT	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Cunning Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kathleen Cunning Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 375.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Heather Davis Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 72 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CORP			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Heather Davis Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA	State IL C	Zip Code 60685	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Executive Aggregate	Year-to-Date ▼ 312.50	
Full Name (Last, First, Middle Initial) Heather Davis Mailing Address CNA Plaza			Date of Receipt Date of Receipt 1 3 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.14974
Chicago	<u>IL</u>	60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50 Contribution
Name of Employer CNA	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) John Devereux			Date of Receipt
Mailing Address CNA Plaza			05 15 2008
City	State	Zip Code	Transaction ID: SA11AI.14410
Chicago	<u>IL</u>	60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u>'</u>		175.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
CINA FINANCIAL CORPORATION C	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) John Devereux		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y
City	Chata Zin Cada	06 13 2008
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. M. Dower		Date of Receipt
Mailing Address CNA Plaza		0 6 2 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.15051
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Contribution
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	· .
Full Name (Last, First, Middle Initial) Warren Edwards		Date of Receipt
Mailing Address CNA Plaza		05 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14374
Chicago FEC ID number of contributing	IL 60685	Amount of Each Receipt this Period
federal political committee.	C	41.67 Contribution
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	208.35	
		341.67

CHEDULE A (FEC Form 3X EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 72 (check only one) X
ny information copied from such Reports and	d Statements may r	not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and addit	ess of any political committee to	5 SOLICIE SOLICIES HOLL SUCH COMMITTEES.
CNA FINANCIAL CORPORATION (CITIZENS FOR	GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Warren Edwards			Date of Receipt
Mailing Address CNA Plaza			0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14936
Chicago	<u> </u>	60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For:		/ear-to-Date ▼	
Primary General		250.02	7
Other (specify)	0 0	250.02	1
Full Name (Last, First, Middle Initial) Connie Eggleston	•		Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14997
Chicago	<u> </u>	60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CNA	Occupation Executive		Contribution
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Jon Elenius			Date of Receipt
Mailing Address CNA Plaza			05 05 2008
City	State	Zip Code	Transaction ID: SA11AI.15025
Chicago	<u>IL</u>	60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For:		/ear-to-Date ▼	
Primary General	2.7	300.00	7
Other (specify) ▼		300.00	1
			841.67

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck Orlly Orle)
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CI	e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
A. <u>C</u>	Full Name (Last, First, Middle Initial) George Fay Mailing Address CNA Plaza City Chicago FEC ID number of contributing ederal political committee. Name of Employer CNA Receipt For: Primary General	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. <u>.</u>	Other (specify) Full Name (Last, First, Middle Initial) George Fay Mailing Address CNA Plaza Dity Chicago FEC ID number of contributing ederal political committee. Jame of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 416.7	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 1 5 2 0 0 8 Transaction ID: SA11AI.14430 Amount of Each Receipt this Period 83.34 Contribution
F f	Full Name (Last, First, Middle Initial) George Fay Mailing Address CNA Plaza City Chicago FEC ID number of contributing ederal political committee. Jame of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)		250.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / /2 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOF	R GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) David Fennell			Date of Receipt
Mailing Address CNA Plaza			05 15 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14484 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Diane Ferro			Date of Receipt
Mailing Address CNA Plaza			0 5 1 5 2 0 0 8
City Chicago	State IL	Zip Code 60604	Transaction ID: SA11AI.14375 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify)	- ' '	Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Diane Ferro			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60604	Transaction ID: SA11AI.14937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional	al)		383.34

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
A	for commercial purposes, other than using t	d Statements may not be sold or used by any po the name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION (CITIZENS FOR GOOD GOVERNMENT	
	Full Name (Last, First, Middle Initial) Michael Fitzgerald		Date of Receipt
	Mailing Address CNA Plaza	Otata 7in Oada	0 4 1 5 2 0 0 8
	City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	62.50
	Name of Employer CNA Insurance	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Michael Fitzgerald		Date of Receipt
	Mailing Address CNA Plaza		05 15 2008
	City	State Zip Code	Transaction ID: SA11AI.14417
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	62.50
	Name of Employer CNA Insurance	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 312.50	
_	Full Name (Last, First, Middle Initial) Michael Fitzgerald		Date of Receipt
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y X 2008
	City	State Zip Code	Transaction ID: SA11AI.14975
	Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 62.50
	Name of Employer CNA Insurance	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Γ	CURTOTAL of Possints This Page (entional)	· · · · · · · · · · · · · · · · · · ·	187.50

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION (CITIZENS FOR GOOD GOVERNMENT	
<u></u>	Full Name (Last, First, Middle Initial) Daniel Fortin		Date of Receipt
	Mailing Address CNA Plaza		05 15 2008
	City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14502 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Michael Fusco		Date of Receipt
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14734
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Michael Fusco		Date of Receipt
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14433
	Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 90.00
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	-1	930.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 27 / 72 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	CITIZENS FOR GOOD GOVERNMENT	_
Full Name (Last, First, Middle Initial) Connie Gianakas Mailing Address CNA Plaza		Date of Receipt
City	State Zip Code	0 4 2 1 2 0 0 8 Transaction ID: SA11AI.14998
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Golden		Date of Receipt
Mailing Address CNA Plaza		05 / 05 / 2008
City	State Zip Code	Transaction ID: SA11AI.15026
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Contribution
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dawn Griffin	1	Date of Receipt
Mailing Address CNA Plaza		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14491
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CNA	Occupation Executive	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	2000.00
TOTAL This Period (last page this line num	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 72 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Timothy Hagen Mailing Address CNA Plaza			Date of Receipt
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67 Contribution
Name of Employer CNA Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate]
Full Name (Last, First, Middle Initial) Timothy Hagen Mailing Address CNA Plaza	'		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14938
Chicago FEC ID number of contributing federal political committee.	C	60685	Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02]
Full Name (Last, First, Middle Initial) Gary Hall			Date of Receipt
Mailing Address CNA Plaza			05 15 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0000	42.00
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	J)		125.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 72 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may r	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR (GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Gary Hall			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) James Harms			Date of Receipt
Mailing Address CNA Plaza			05 14 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.15040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dennis Hemme			Date of Receipt
Mailing Address CNA Plaza			0 4 1 5 2 0 0 8
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14723 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J.		604.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 72 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOF	R GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Dennis Hemme			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.50	
Full Name (Last, First, Middle Initial) Dennis Hemme	I		Date of Receipt
Mailing Address CNA Plaza			06 13 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14977
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Fatmire Hotza			Date of Receipt
Mailing Address CNA Plaza			05 05 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.15028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I (le		625.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 72 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION C	he name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patricia Hurston Mailing Address CNA Plaza City	State	Zip Code	Date of Receipt M
Chicago FEC ID number of contributing federal political committee.	IL C	60685	Amount of Each Receipt this Period 500.00
Name of Employer CNA Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate		Contribution
Full Name (Last, First, Middle Initial) Jacqueline Johnson Mailing Address CNA Plaza			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Chicago	State II	Zip Code 60685	Transaction ID: SA11AI.14379
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Jacqueline Johnson			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)			583.34

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
` '	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Steven Jones Mailing Address CNA Plaza		Date of Receipt
City	State Zip Code	0 5 1 5 2 0 0 8 Transaction ID: SA11AI.14485
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Richard Kaminsky		Date of Receipt
Mailing Address CNA Plaza		05 14 2008
City	State Zip Code	Transaction ID: SA11AI.15048
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Jonathan Kantor		Date of Receipt
Mailing Address CNA Plaza		05 14 YYYYY 2008
Chicago	State Zip Code	Transaction ID: SA11AI.15041
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Contribution
Name of Employer CNA	Occupation Executive	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Page (optional))	1600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to a CITIZENS FOR GOOD GOVERNMENT	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mariann Keenan Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For:	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 1 2 0 0 8
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Keith Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Keith Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 1 5 2 0 0 8 Transaction ID: SA11AI.14420 Amount of Each Receipt this Period 62.50 Contribution
SUBTOTAL of Receipts This Page (option	nal)	375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 72 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR	R GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Robert Keith			Date of Receipt
Mailing Address CNA Plaza			06 13 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Susan Kelly			Date of Receipt
Mailing Address CNA Plaza			05 15 2008
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Susan Kelly			Date of Receipt
Mailing Address CNA Plaza			0 6 1 3 2 0 0 8
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CNA Insurance	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional	al)		145.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CI		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen Knight Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 500.00	Date of Receipt M M D D 2 0 0 8 Transaction ID: SA11AI.14495 Amount of Each Receipt this Period 500.00 Contribution
Full Name (Last, First, Middle Initial) Thomas Kocaj Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Kocaj Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		583.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 36 / 72 (check only one) X	
	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Mark Kruse		Date of Receipt
Mailing Address CNA Plaza	Chata 7'- Cada	04 24 2008
City <u>Chicago</u>	State Zip Code IL 60685	Transaction ID: SA11AI.15015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carla Kambric Lammers		Date of Receipt
Mailing Address CNA Plaza		05 15 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14496
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Contribution
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Landenberger		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14944
Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
SUBTOTAL of Receipts This Page (optional	l)	1041.67
TOTAL This Period (last page this line num	•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 72 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CNA FINANCIAL CORPORATION CI	TIZENS FOR	GOOD GOVERNMENT	
A.	Full Name (Last, First, Middle Initial) Hillary Lewis Mailing Address CNA Plaza			Date of Receipt
	City	State	Zip Code	0 5 1 4 2 0 0 8 Transaction ID: SA11AI.15042
	Chicago	IL	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer CNA Insurance	Occupation Executive		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) James Lewis			Date of Receipt
	Mailing Address CNA Plaza			04 21 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.15000
	Chicago	<u> </u>	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00 Contribution
	Name of Employer CNA	Occupation Executive	1	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
_ С.	Full Name (Last, First, Middle Initial) Peter Lies	•		Date of Receipt
	Mailing Address CNA Plaza			05 15 2008
	Chicago	State	Zip Code	Transaction ID: SA11AI.14384
	Chicago FEC ID number of contributing federal political committee.	C	60685	Amount of Each Receipt this Period 41.67
	Name of Employer CNA	Occupation Executive		Contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 208.35	
	SUBTOTAL of Receipts This Page (optional) .			1841.67
ı	TOTAL This Period (last page this line number		<u> </u>	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter Lies Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stephen Lilienthal Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brian Loebach Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 500.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		2041.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	
Full Name (Last, First, Middle Initial) Wendy Lynn Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Michael Mallon Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Mallon Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to state of the sold	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glen Mangold Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 300.00	Date of Receipt M M D D 2008 Transaction ID: SA11AI.14486 Amount of Each Receipt this Period 300.00 Contribution
Full Name (Last, First, Middle Initial) Robert Mann Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Mann Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	425.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee	
Full Name (Last, First, Middle Initial) Robert Mann Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 375.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marilou McGirr Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M
Full Name (Last, First, Middle Initial) Marilou McGirr Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		145.84

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 72 (check only one) X
Any information copie or for commercial pur NAME OF COMM		atements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CNA FINANCIA	AL CORPORATION CITI	ZENS FOR	GOOD GOVERNMENT	
A. Richard McGregor	First, Middle Initial)			Date of Receipt
Mailing Address City	CNA Plaza	State	Zip Code	0 5 1 5 2 0 0 8 Transaction ID: SA11Al.14388
<u>Chicago</u>		IL	60604	Amount of Each Receipt this Period
FEC ID number of federal political co		C		41.67
Name of Employe CNA	r	Occupation		Contribution
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 209.67	
B. Richard McGregor	First, Middle Initial)			Date of Receipt
Mailing Address	CNA Plaza			06 13 2008
City		State	Zip Code	Transaction ID: SA11AI.14948
<u>Chicago</u>		<u> </u>	60604	Amount of Each Receipt this Period
FEC ID number o federal political co		С		41.67 Contribution
Name of Employe CNA	r	Occupation Executive		Contribution
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 251.34	
Full Name (Last, F C. Craig Meadors	First, Middle Initial)			Date of Receipt
Mailing Address	CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.14411
Chicago FEC ID number o federal political co		C	60685	Amount of Each Receipt this Period 50.00
Name of Employe CNA Insurance	r	Occupation		Contribution
Receipt For: Primary Other (spec	General ify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Rece	eipts This Page (optional)			133.34
	(last page this line number or		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used to sold o	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Craig Meadors Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 300.00	Date of Receipt M M D D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stephen Menke Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M M J D D J 2008 Transaction ID: SA11AI.14390 Amount of Each Receipt this Period 41.67 Contribution
Full Name (Last, First, Middle Initial) Stephen Menke Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		133.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to ITIZENS FOR GOOD GOVERNMENT	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Craig Mense Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 333.36	Date of Receipt M M M J D D J Z D O 8 Transaction ID: SA11AI.14731 Amount of Each Receipt this Period 83.34 Contribution
Full Name (Last, First, Middle Initial) Craig Mense Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 416.70	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Craig Mense Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 500.04	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		250.02

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CNA FINANCIAL CORPORATION	N CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) William Morgan Mailing Address CNA Plaza		Date of Receipt
Mailing Address CNA Plaza	State Zip Code	0 6 1 3 2 0 0 8 Transaction ID: SA11AI.14951
<u>Chicago</u>	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Timothy Morse		Date of Receipt
Mailing Address CNA Plaza		06 13 2008
City	State Zip Code	Transaction ID: SA11AI.14897
Chicago FEC ID number of contributing federal political committee.	C 60685	Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 216.68	
Full Name (Last, First, Middle Initial) C. William Nachtsheim		Date of Receipt
Mailing Address CNA Plaza		0 4
City	State Zip Code	Transaction ID: SA11AI.14726
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50 Contribution
Name of Employer CNA	Occupation Executive	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	129.17
	imber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 72 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Nachtsheim Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Nachtsheim Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 375.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lew Nathan Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUPTOTAL of Possints This Page (entional)		875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 72 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CIT		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Neuenschwander Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey Neuenschwander Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	145.84

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CI	e name and address	s of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago FEC ID number of contributing	State IL	Zip Code 60685	Transaction ID: SA11AI.14425 Amount of Each Receipt this Period 62.50
	Receipt For: Primary General	Occupation Executive Aggregate Yea	ar-to-Date ▼	Contribution
- B.	Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza			Date of Receipt
	City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60685	Transaction ID: SA11AI.14982 Amount of Each Receipt this Period 62.50
	Name of Employer CNA Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate Yea	ar-to-Date ▼ 375.00	Contribution
С.	Full Name (Last, First, Middle Initial) Robert Nienaber Mailing Address CNA Plaza			Date of Receipt 0 6 1 3 2 0 0 8
	City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60604	Transaction ID: SA11AI.14921 Amount of Each Receipt this Period 40.00
	Name of Employer CNA Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate Yea	ar-to-Date ▼ 240.00	Contribution
	SUBTOTAL of Receipts This Page (optional)			165.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee t	
` '	CITIZENS FOR GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) James O'Malley Mailing Address CNA Plaza		Date of Receipt
City	State Zip Code	0 6 1 3 2 0 0 8 Transaction ID: SA11AI.14922
<u>Chicago</u>	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Sarah Pang		Date of Receipt
Mailing Address CNA Plaza		05 15 2008
City	State Zip Code	Transaction ID: SA11AI.14505
Chicago	IL 60685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David Perry	1	Date of Receipt
Mailing Address CNA Plaza		05 15 2008
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.35	
CURTOTAL of Descirts This Desc (antional)		1081.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by ar	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	I CITIZENS FOR GOOD GOVERNME	NT
Full Name (Last, First, Middle Initial) David Perry		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	02
Full Name (Last, First, Middle Initial) Fred Piertropola		Date of Receipt
Mailing Address CNA Plaza		05 15 2008
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.	35
Full Name (Last, First, Middle Initial) Fred Piertropola		Date of Receipt
Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	02
SURTOTAL of Receipts This Page (option	al)	125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	
Full Name (Last, First, Middle Initial) Thomas Pontarelli Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 333.36	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Pontarelli Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 416.70	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas Pontarelli Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 500.04	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any permename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Pye Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For:	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Pye	208.35	Date of Receipt
City Chicago FEC ID number of contributing	State Zip Code IL 60685	Transaction ID: SA11AI.14955 Amount of Each Receipt this Period
Federal political committee. Name of Employer CNA Receipt For:	Occupation Executive Aggregate Year-to-Date ▼	41.67 Contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gail Ranieri Mailing Address CNA Plaza	250.02	Date of Receipt
City Chicago FEC ID number of contributing	State Zip Code IL 60604	Transaction ID: SA11AI.14487 Amount of Each Receipt this Period 300.00
Receipt For: Primary Other (specify) ▼	Occupation Executive Aggregate Year-to-Date 300.00	Contribution
SUBTOTAL of Receipts This Page (optional)		383.34

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	
Full Name (Last, First, Middle Initial) Robert Rice Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 300.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Vicky Russell Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Scott Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	
Full Name (Last, First, Middle Initial) John Scully Mailing Address 333 S. Wabash City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Shapiro Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Shapiro Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 312.50	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / /2 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION	CITIZENS FOF	R GOOD GOVERNMENT	
Full Name (Last, First, Middle Initial) Andrew Shapiro			Date of Receipt
Mailing Address CNA Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Kevin Shyne			Date of Receipt
Mailing Address CNA Plaza			0 4 2 1 2 0 0 8
City Chicago	State ID	Zip Code 60685	Transaction ID: SA11AI.15009
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period 300.00
Name of Employer CNA	Occupation Execurive		Contribution
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Jerry Sliwa			Date of Receipt
Mailing Address CNA Plaza			0 4 2 4 2 0 0 8
City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.15019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer CNA	Occupation Executive		Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	I (le		662.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 72 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	
Full Name (Last, First, Middle Initial) David Smith Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) David Smith Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ralph Soletti Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ralph Soletti Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code L 60685 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kerry Spaven Mailing Address 333 S. Wabash City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ronald Stegeman Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼ 208.35	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		583.34

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using	d Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION (CITIZENS FOR GOOD GOVERNMENT	
	Full Name (Last, First, Middle Initial) Ronald Stegeman		Date of Receipt
	Mailing Address CNA Plaza		06 13 2008
	City Chicago	State Zip Code IL 60685	Transaction ID: SA11AI.14958
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
	Full Name (Last, First, Middle Initial) Michelle Stegmann	l	Date of Receipt
	Mailing Address CNA Plaza		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.15010
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer CNA Insurance	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Mark Stephens		Date of Receipt
	Mailing Address CNA Plaza		05 14 2008
	City	State Zip Code	Transaction ID: SA11AI.15045
	Chicago FEC ID number of contributing federal political committee.	IL 60685	Amount of Each Receipt this Period 500.00
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ)	841.67

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check only only)
<i>A</i>	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ename and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	CNA FINANCIAL CORPORATION CI	TIZENS FOR GOOD GOVERNMEN	NT .
۱.	Full Name (Last, First, Middle Initial) Stephen Stonehouse		Date of Receipt
	Mailing Address CNA Plaza City	State Zip Code	0 4 2 1 2 0 0 8 Transaction ID: SA11AI.15011
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
- 3.	Full Name (Last, First, Middle Initial) Karen Stuttman		Date of Receipt
	Mailing Address CNA Plaza		05 / 15 / 2008
	City	State Zip Code	Transaction ID: SA11AI.14401
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67 Contribution
	Name of Employer CNA	Occupation Executive	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.3	5
	Full Name (Last, First, Middle Initial) Karen Stuttman		Date of Receipt
	Mailing Address CNA Plaza		06 13 7 9 9 9
	City	State Zip Code	Transaction ID: SA11AI.14959
	Chicago	IL 60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67 Contribution
	Name of Employer CNA	Occupation Executive	Continuation
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	2
	SUBTOTAL of Receipts This Page (optional)		583.34

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 72 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date ▼ 208.35	Date of Receipt M M
Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 1 3 2 0 0 8 Transaction ID: SA11AI.14960 Amount of Each Receipt this Period 41.67 Contribution
Full Name (Last, First, Middle Initial) Cynthia Traczyk Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CI		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cynthia Traczyk Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 1 3 2 0 0 8 Transaction ID: SA11AI.14961 Amount of Each Receipt this Period 41.67 Contribution
Full Name (Last, First, Middle Initial) Marie Usher Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marie Usher Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 72 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CIT		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Vankley Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 208.35	Date of Receipt M M M D D Z D Z D D
Full Name (Last, First, Middle Initial) Jeffrey Vankley Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60604 C Occupation Executive Aggregate Year-to-Date 250.02	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marie-Eve Vesel Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Insurance Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 300.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		383.34

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 72 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CNA FINANCIAL CORPORATION C	CITIZENS FOR	R GOOD GOVERNMENT	
A.	Full Name (Last, First, Middle Initial) Michael Warnick			Date of Receipt
	Mailing Address CNA Plaza	State	Zip Code	0 5 1 4 2 0 0 8 2 0 0 8
	City <u>Chicago</u>	ID	21p Code 60685	Transaction ID: SA11AI.15046 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer CNA	Occupation Executive		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
— В.	Full Name (Last, First, Middle Initial) Stephen J. Westman	.		Date of Receipt
	Mailing Address CNA Plaza			04 15 4 2008
	City	State	Zip Code	Transaction ID: SA11AI.14729
	Chicago FEC ID number of contributing federal political committee.	C	60685	Amount of Each Receipt this Period 62.50
	Name of Employer CNA	Occupation Vice Pres		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Stephen J. Westman			Date of Receipt
	Mailing Address CNA Plaza			05 15 2008
	City Chicago	State IL	Zip Code 60685	Transaction ID: SA11AI.14429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer CNA	Occupation Vice Pre-		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.50	
	SUBTOTAL of Receipts This Page (optional)			875.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 72 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ne name and address of any political committed.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen J. Westman Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Vice President Aggregate Year-to-Date 375.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Elizabeth Wilson Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter Wilson Mailing Address CNA Plaza City Chicago FEC ID number of contributing federal political committee. Name of Employer CNA Receipt For: Primary General Other (specify)	State Zip Code IL 60685 C Occupation Executive Aggregate Year-to-Date 1000.00	Date of Receipt M M M / 24 / 2008 Transaction ID: SA11AI.15021 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional)		1812.50

A.

PAGE 65/72 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT Full Name (Last, First, Middle Initial) Date of Receipt John Wurzler Mailing Address CNA Plaza 0 5 15 2008 City State Zip Code Transaction ID: SA11AI.14409 Chicago IL 60604 Amount of Each Receipt this Period FEC ID number of contributing 42.00 C federal political committee. Contribution Name of Employer CNA Occupation Executive Receipt For: Aggregate Year-to-Date Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) В. John Wurzler Date of Receipt Mailing Address CNA Plaza 0 6 13 2008 City Transaction ID: SA11AI.14966 State Zip Code Chicago IL 60604 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Contribution Name of Employer Occupation Executive Receipt For: Aggregate Year-to-Date Primary General 252.00

		94.00
SUBTOTAL of Receipts This Page (optional)	•	84.00
TOTAL This Period (last page this line number only)	•	34890.80

Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-	PAGE 66/72
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) T 22 X 23	
	Detailed Summary Fage	27	28a 28b	28c 29 30
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and dadress of any pointed		ion commodions no	an ducir dominities
CNA FINANCIAL CORPORATION CITIZEN	NS FOR GOOD GOVER	RNMENT		
Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS			Transaction ID: Date of Disburse	
Mailing Address 426 C Street NE			06 2	7 2008
	State Zip Code DC 20002		Amount of Each	Disbursement this Period
Purpose of Disbursement				1000.00
Contribution Candidate Name		Category/		
		Type		
President	ment For: Primary X General Other (specify)			
State: NY District: 07				
Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN F	EDERAL ACCOUNT		Transaction ID: Date of Disburse	ment
Mailing Address 222 W. Washington Aver Suite 150	nue		06 2	7 2008
•	State Zip Code WI 53703		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution				2500.00
Candidate Name		Category/ Type		
Office Sought: Senate President State: Disburser	ment For: Primary X General Other (specify) ▼	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH			Transaction ID: Date of Disburse	
Mailing Address 228 S WASHINGTON ST	E 115		06 2	7 2008
•	State Zip Code VA 22314		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution				1000.00
Candidate Name		Category/ Type		
Office Sought: House Disburser X Senate President	ment For: Primary X General Other (specify)			
State: OR District: 00	,			
SUBTOTAL of Disbursements This Page (optional)		<u>Þ</u>		4500.00
TOTAL This Period (last page this line number only)		>		

SCHEDULE B (FEC Form 3X)	Use separate s	schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each categ Detailed Sumr		(check only 21b 27	22 X 23 24 25 28a 28b 28c 29
ony Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CITIZE				chi contributions from such committee
Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 GENERAL ELECTION		CE ELIND IN	C	Transaction ID: SB23.15055 Date of Disbursement
Mailing Address PO BOX 16118	ON COMI LIAN	OL I OND IN	O	0 4 Disbursement
City ARLINGTON		Code 215		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution				2300.00
Candidate Name		C	Category/ Type	
Senate X President	ement For: Primary Other (specify)	X General ▼		
State: District: 00 Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE				Transaction ID: SB23.15074 Date of Disbursement
Mailing Address 205 South 5th Ave Suite 428				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City La Crosse		Code 601		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name				1000.00
	ement For:		Category/ Type	
Office Sought: X House Disburs Senate President State: WI District: 03		X General ▼		
Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS				Transaction ID: SB23.15057 Date of Disbursement
Mailing Address POST OFFICE BOX 30	68			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City BARRINGTON		Code 010		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution Candidate Name			Category/	2000.00
	ement For:		Type	
Zinos cougnit. A Tiouse Disbuis	i	X General		
Senate President State: II District: 08	Other (specify)	_		
	Other (specify)	V	•	5300.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 68 / 72 one)
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
ny Information copied from such Reports and Stat for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
CNA FINANCIAL CORPORATION CITIZ	ENS FOR GOOD GOVERN	NMENT	
Full Name (Last, First, Middle Initial) Pennsylvania Insurance PAC			Transaction ID: SB23.15100
			Date of Disbursement O 5 0 1 2 0 0 8
Mailing Address 1600 Market Street Suite 1520			05 01 2008
City Philadelphia	State Zip Code PA 19103		Amount of Each Disbursement this Period
Purpose of Disbursement	177		5000.00
Contribution Candidate Name		Category/	
		Type	
Office Sought: House Disbut	sement For: Primary X General		
President	Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.15095
REPUBLICAN PARTY OF WISCONSIN			Date of Disbursement
Mailing Address 148 E. Johnson Street P.O. Box 31			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Madison	State Zip Code WI 53703		Amount of Each Disbursement this Period
Purpose of Disbursement	30700		2500.00
Candidate Name		Category/ Type	
Office Sought: House Disbut	sement For: Primary X General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.15093
SCHOCK FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 10555			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
PEORIA Purpose of Disbursement	IL 61612		1000.00
Contribution			
Candidate Name		Category/ Type	
Office Sought: House Disbut	sement For: Primary X General		
President	Other (specify)		
State: District:			
NIDTOTAL of Dishumananta This Dans (antique	1		8500.00
SUBTOTAL of Disbursements This Page (optional	<u>)</u>	<u> </u>	

В.

President

District: 24

ago,, 2000 i i i i i i i i		
SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 69 / 72 check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CITIZE	NS FOR GOOD GOVERNME	NT
Full Name (Last, First, Middle Initial)		Transaction ID: SB23.15087
Texans for John Cornyn		Date of Disbursement
Mailing Address PO Box 13026		06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Austin	State Zip Code TX 78711	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		500.00
Candidate Name	Ту	egory/ /pe
Office Sought: House Disburse X Senate President State: TX District:	ment For: Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS		Transaction ID: SB23.15089 Date of Disbursement
Mailing Address 1420 Alafaya Trail #103		06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	State Zip Code FL 32765	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		1000.00
Candidate Name	_	egory/ /pe
Office Sought: X House Disburse	ment For:	

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	19800.00

Other (specify)

State: FL

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT Full Name (Last, First, Middle Initial) Austen Furse Campaign Mailing Address 1 Greenway Plaza East Suite 225	CHEDULE B (FEC FOIII 3X)	Use separate schedule(S) (check only	NUMBER: PAGE 70 / 72
NAME OF COMMITTEE (In Full) NAME (Last, First, Middle Initial) Austen Furse Campaign Mailing Address 1 Greenway Plaza East Suite 225 City State Zip Code TX 77046 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Tx 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: House Primary X General Other (specify) ▼ Amount of Each Disbursement this Perio Category' Type Transaction ID: SB29.15078 Date of Disbursement this Perio Category' Type Amount of Each Disbursement this Perio Category' Type Office Sought: House Primary X General Other (specify) ▼ Amount of Each Disbursement this Perio Category' Type Office Sought: House President State: TX District: Full Name (Last, First, Middle Initial) Crandidate Name Other (specify) ▼ Office Sought: House President State Types of Disbursement Contribution Candidate Name Other (specify) ▼ Office Sought: House President Primary X General Other (specify) ▼ Office Sought: House President Primary X General Other (specify) ▼ Office Sought: House President Primary X General Other (specify) ▼ Office Sought: House President Primary X General Other (specify) ▼	TEMIZED DISBURSEMENTS		21b	22 23 24 25
Transaction ID: SB29.15079 Date of Disbursement State: TX District: Full Name (Last, First, Middle Initial) Austen Furse Campaign Mailing Address 1 Greenway Plaza East Suite 225 City State Zip Code Houston TX 77046 Purpose of Disbursement Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Transaction ID: SB29.15078 Date of Disbursement Disbursement For: Senate TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City State Zip Code Priends of On White Mailing Address PO Box 363 City State Zip Code PA 15701 Purpose of Disbursement Contribution Candidate Name Office Sought: Mailing Address PO Box 363 City State Zip Code PA 15701 Purpose of Disbursement Category/ Type Office Sought: Mailing Address PO Box 363 City State Zip Code PA 15701 Purpose of Disbursement Category/ Type Office Sought: Mailing Address PO Box 363 City State Zip Code PA 15701 Purpose of Disbursement Category/ Type Office Sought: Mailing Address PO Box 363 City State Typ Code PA 15701 Purpose of Disbursement this Perio Disbursement For: Category/ Type Office Sought: Mailing Address PO Box 363 City State President Disbursement For: Category/ Type Office Sought: Mailing Address PO Box 363 City State Primary X General Disbursement For: Category/ Type Office Sought: Mailing Address PO Box 363 City State Primary X General Disbursement For: Di	r for commercial purposes, other than using the na			
Austen Furse Campaign Mailing Address 1 Greenway Plaza East Sulte 225 City State Zip Code Houston TX 77046 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: TX District: Poll Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Gontribution Candidate Name Office Sought: House Disbursement For: Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perior Category/ Type Transaction ID: SB29.15078 Date of Disbursement this Perior Category/ Type Transaction ID: SB29.15078 Date of Disbursement this Perior Category/ Type Transaction ID: SB29.15078 Amount of Each Disbursement this Perior Category/ Type Office Sought: House Disbursement For: Primary X General Other (specify) ▼ Transaction ID: SB29.15061 Transaction ID: SB29.15061 Date of Disbursement this Perior Category/ Type Amount of Each Disbursement this Perior Date of Disbursement this Perior Date of Disbursement this Perior Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Primary X General Date of Disbursement this Perior Category/ Type Office Sought: House Disbursement For: Primary X General Date of Disbursement this Perior Date of Disbursement this Perior Date of Disbursement Date of Disbursement this Perior Date of Disbursement Date of Date of Disbursement Date of Disbursement Date of Disbursement Date of Date of Date of Disbursement Date of Date of Date of Disbursement Date of	` ′	ZENS FOR GOOD GOVE	ERNMENT	
City State: TX District: Full Name (Last, First, Middle Initial) Contribution Candidate Name Office Sought: House Senate Primary X General Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary X General President State: TX District: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: House President Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.15078 Date of Disbursement this Perio Sunday State Type Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perio Sunday State Type Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15061 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.15061 Date of Disbursement this Perio Category/ Type Senate PA 15701 Date of Disbursement Category/ Type Senate PA 15701 District: State Type Category/ Type Senate Primary X General Category/ Type	,			Date of Disbursement
Houston TX 77046 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Prisident State: TX District: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement For: Senate Prisident State: TX District: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: House Prisident State: TX District: Full Name (Last, First, Middle Initial) Friends of Don White Mailing Address PO Box 363 City Indiana PA 15701 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Prisident State Zip Code PA 15701 Purpose of Disbursement Contribution Category/ Type Office Sought: House Senate Primary X General Other (specify) ▼ Amount of Each Disbursement this Perior Category/ Type Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼		st		0.5 14 / 2008
Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City Senate President Cardidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement Of 5 x / 1 4 / 2 0 8 8 Transaction ID: SB29.15078 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.15078 Date of Disbursement this Perio Transaction ID: SB29.15078 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.15061 Date of Disbursement Of A x / 0 1 6 / 2 0 0 8 x Amount of Each Disbursement Of A x / 0 1 6 / 2 0 0 8 x Amount of Each Disbursement this Perio Date of Disbursement this Perio Category/ Type Office Sought: House Disbursement For: City Indiana PA 15701 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Other (specify) ▼	Houston			Amount of Each Disbursement this Perio
Office Sought: House President State: TX District: Other (specify) ▼ State: TX District: Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Disbursement For: Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perior TX 77572 Amount of Each Disbursement this Perior Type Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perior TX 77572 Amount of Each Disbursement this Perior Type Other (specify) ▼ Transaction ID: SB29.15078 Date of Disbursement this Perior TX 77572 Transaction ID: SB29.15078 Date of Disbursement For: Senate Primary X General Other (specify) ▼ Transaction ID: SB29.15061 Date of Disbursement Type Other (specify) ▼ Transaction ID: SB29.15061 Date of Disbursement Type Other (specify) ▼ Transaction ID: SB29.15061 Date of Disbursement Type Other (specify) ▼	Contribution			250.00
Senate Prissident State: TX District: Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Office Sought: House President Primary X General Other (specify) ▼ State Zip Code TX 77572 Category/ Type Office Sought: House President Primary Type Office Sought: State Tip Code Tip Code Type Office Sought: Propose of Disbursement For: Primary Type Office Sought: State Tip Code Type Office Sought: Po Box 363 City State Tip Code Indiana PA 15701 Purpose of Disbursement Contribution Candidate Name Office Sought: Po Box 363 City State Tip Code Indiana PA 15701 Purpose of Disbursement Tip Category/ Type Office Sought: House PA 15701 Purpose of Disbursement Tip Category/ Type Office Sought: House PA 15701 Purpose of Disbursement Tip Primary X General Type Office Sought: House Primary X General Type Office Sought: President Tor: Senate Primary X General Type Office Sought: Primary X General Type		reament For:		
Full Name (Last, First, Middle Initial) Committee to Elect Mike Jackson Mailing Address PO Box 315 City La Porte Purpose of Disbursement Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Priesident State: TX District: Full Name (Last, First, Middle Initial) Priesident Mailing Address PO Box 363 City Mailing Address PO Box 363 City Propose of Disbursement Contribution Category/ Type Transaction ID: SB29.15078 Date of Disbursement this Perio Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB29.15061 Date of Disbursement Date of Disbursement Office Sought: Mailing Address PO Box 363 City Primary State Primary Category/ Type Office Sought: House Senate Primary Office Sought: Senate Primary Category/ Type Office Sought: Office Sou	Senate President	Primary X Genera	I	
Committee to Elect Mike Jackson Mailing Address PO Box 315 City State Zip Code TX 77572 Purpose of Disbursement Contribution Candidate Name Disbursement For: Senate Primary Ageneral Other (specify) ▼ State: TX District: Full Name (Last, First, Middle Initial) Friends of Don White Mailing Address PO Box 363 City State Zip Code Indiana PA 15701 Purpose of Disbursement Contribution Candidate Name Disbursement For: Category/ Type Amount of Each Disbursement this Period Sought: District: Transaction ID: SB29.15061 Date of Disbursement Date of Disburseme				Transaction ID: SP20 15079
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to represent the name and address of any political committee to solicit contributions from such committee to represent the name and address of any political committee to solicit contributions from such committee to solicit contributions and solicit contributions. Transaction ID: SB29,15091 Date of Disbursement ID: SB29,15092 Date of Disbursement ID: SB29,15092 Date of Disbursement ID: SB29,15093 Date of Di	ITEMIZED DISBURSEMENT	for each category of the	e Check only	22 23 24 25 :
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City	•			Transaction ID: SB29.15091
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